

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing
OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number CEL.728

First Named Inventor ERIKSSON

COMPLETE IF KNOWN

Application Number 10/673,661

Filing Date 29 September 2003

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR TRANSPLANTATION OF DERMAL TISSUE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

09/29/2003

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

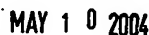
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | USA | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:



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DECLARATION — Utility or Design Patent Application

[Page 2 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **30159** OR ☐ Correspondence address below

Name **Kinetic Concepts, Inc. / Attn: Nadeem G. Bridi**

Address **P.O. Box 659508**

City **San Antonio**

State **TX**

ZIP **78265-9508**

Country **USA**

Telephone **210-255-4543**

Fax **210-255-6969**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) **Elof**

Family Name
or Surname **Eriksson**

Inventor's
Signature

Date

Residence: City **Wellesley Hills**

State **MA**

Country **USA**

Citizenship **US**

Mailing Address
70 Walnut Street

City **Wellesley**

State **MA**

ZIP **02481**

Country **USA**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) **Royce**

Family Name
or Surname **Johnson**

Inventor's
Signature

Date

Residence: City **Universal City**

State **TX**

Country **USA**

Citizenship **US**

Mailing Address **P.O. Box 659508**

City **San Antonio**

State **TX**

ZIP **78265-9508**

Country **USA**

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

| | | | |
|---|----------|---|-------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Ajit | | Mishra | |
| Inventor's Signature <i>Amit Mishra</i> | | Date <u>4/1/2004</u> | |
| Miramar | FL | USA | US |
| Residence: City | State | Country | Citizenship |
| Mailing Address <u>14350 Miramar Parkway, #136 3512 SW 171 AVENUE</u> | | | |
| Mailing Address | | | |
| City Miramar | State FL | ZIP 33027 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Michael | | Girouard | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | ZIP | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Makoto | | Ohira (formerly Takeuchi) | |
| Inventor's Signature | | Date | |
| Newton | MA | USA | US |
| Residence: City | State | Country | Citizenship |
| Mailing Address <u>410 Newtonville Avenue</u> | | | |
| Mailing Address | | | |
| City Newton | State MA | ZIP 02460 | Country USA |

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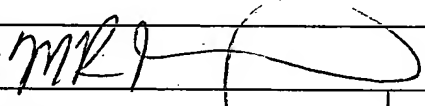
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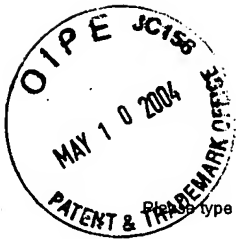
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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

| | | | |
|--|-------------|---|-------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Ajit | | Mishra | |
| Inventor's Signature | | Date | |
| Miramar Residence: City | FL State | USA Country | US Citizenship |
| Mailing Address 14359 Miramar Parkway, #136 | | | |
| Mailing Address | | | |
| City Miramar | State FL | ZIP 33027 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Michael | | Girouard | |
| Inventor's Signature  | | Date March 25, 2004 | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | ZIP | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Makoto | | Ohira (formerly Takeuchi) | |
| Inventor's Signature | | Date | |
| Newton Residence: City | MA State | USA Country | US Citizenship |
| Mailing Address 410 Newtonville Avenue | | | |
| Mailing Address | | | |
| City Newton | State MA | ZIP 02460 | Country USA |

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| Inventor's Signature | | Date | |
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| Mailing Address | | | |
| Mailing Address | | | |
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| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Makoto | | Ohira (formerly Takeuchi) | |
| Inventor's Signature <i>Makoto Ohira</i> | | Date | |
| Newton Residence: City | MA State | USA Country | US Citizenship |
| Mailing Address 410 Newtonville Avenue 64 SOUTH MAIN STREET | | | |
| Mailing Address | | | |
| City Newton | State MA | ZIP 01770 02460 | Country USA |

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|--|
| Application Number | |
| Filing Date | September 29, 2003 |
| First Named Inventor | ERKISSON |
| Title | SYSTEM AND METHOD FOR TRANSPLANTATION OF DERMAL TISSUE |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | CEL.728 |

I hereby appoint:

- ☒ Practitioners at Customer Number →

Place Customer
Number Bar Code
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OR
☒ Practitioner(s) named below:

| Name | Registration Number |
|----------------------|---------------------|
| Nadeem G. Bridi | 42,361 |
| William H. Quirk, IV | 33,996 |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Fax

I am the:

- ☒ Applicant/Inventor.

- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Elof Eriksson

Signature

Date 4/29/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 5 forms are submitted.

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| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Fax | | |

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SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|---------------|
| Name | Royce Johnson |
| Signature | |
| Date | 25 MAR 04 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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| Examiner Name | |
| Attorney Docket Number | CEL.728 |

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| William H. Quirk, IV | 33,996 |
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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Ajity Mishra

Signature

Date

4-1-2004

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| Filing Date | September 29, 2003 |
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☒ OR
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Michael Girouard

Signature

MR Girouard

Date

March 25, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

- ☒ *Total of 5 forms are submitted.

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| | Examiner Name | |
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Address

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Telephone Fax

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|----------------------------------|
| Name | Makoto Ohira (formerly Takeuchi) |
| Signature | |
| Date | 4-20-04 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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